



# COMMONWEALTH OF MASSACHUSETTS EMPLOYER HEALTH INSURANCE SURVEY



Center for Health Information and Analysis

Conducted by:  
JSI Research and Training Institute, Inc.  
NORC at the University of Chicago

Summer 2016

If you would prefer to complete this survey on-line, please go to  
**<http://survey.jsi.com/s3/MES>**  
enter your 4-digit ID number from the bottom of this page  
and follow the instructions.



NORC<sup>75</sup>  
at the UNIVERSITY of CHICAGO



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## Before you begin, some important things for you to know:

Your participation is greatly needed to help the State of Massachusetts understand the experiences and challenges Massachusetts employers, like you, face in making decisions about health insurance.

As a token of our appreciation for your time and assistance, **we will email you a copy of the results in the Fall of 2016 (please see Page 15).**

Your answers will be kept confidential. The information from this study will not be presented or published in any way that would permit identification of you or your business.

- For all questions on this survey, please provide your best estimate for the number requested.
- Mark one answer for each question by filling in the circle, darkly and completely (like this ●), or by writing your answer to the question in the space provided.
- Arrows (→) will direct you to answer follow-up questions or to skip over certain questions.
- If there is any question that you would prefer not to answer, please skip that question and go on to the next question.

Your participation is voluntary. If you have any questions or concerns about this study, please feel free to contact Thomas Mangione, (617) 482-9485 or MES2016@jsi.com

Please complete and return this completed questionnaire within the next two weeks in the enclosed postage-paid envelope to:

JSI Research & Training Institute, Inc.  
Attn: Survey Group  
44 Farnsworth Street  
Boston, MA 02210

**Or if you would prefer to complete this survey on-line:**

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**<http://survey.jsi.com/s3/MES>**  
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and follow the instructions.

4-digit ID number →

## Section A: Background on Massachusetts Employees

The number of employees should include both full- and part-time employees but should **exclude contract workers and temporary employees.**

*A contract worker is one hired to perform specific functions in a contractual relationship for a defined period of time. A temporary employee is one employed for a designated period of time.*

Throughout this survey, please provide your best estimate for the number requested.

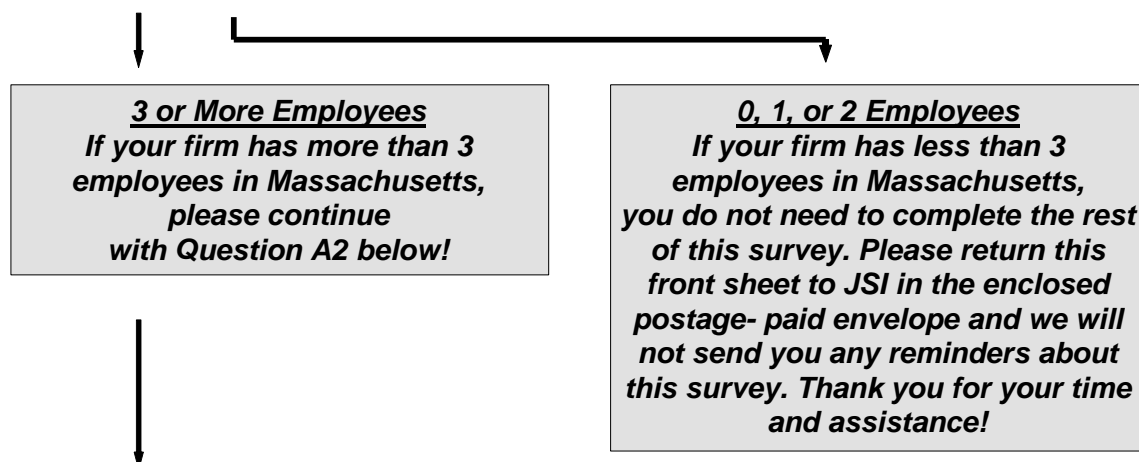
**A1. As of today, including management, how many full- and part-time employees are employed by your firm? Your best estimate is acceptable.**

--	--	--	--	--

Total # of employees in the United States

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Total # of employees in Massachusetts



The rest of the survey refers to your firm's **full- and part-time employees** (excluding contract workers and temporary employees) working in all locations in **Massachusetts.**

**A2. How many of your firm's current employees in Massachusetts work less than 30 hours a week? Your best estimate is acceptable.**

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# of Employees in MA working less than 30 hours/week

**A3. Does your firm have any unionized workers in Massachusetts?**

☐ Yes

☐ No **→ SKIP to A4 on Page 2**

**A3a. What number of your firm's Massachusetts workers are unionized?**  
Your best estimate is acceptable.

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# of Unionized employees in MA



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**A4. How many of your firm's Massachusetts employees are in each age group?***Your best estimate is acceptable.*

a. Under age 26	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. 26-29	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. 30-39	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. 40-49	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. 50-59	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. 60 or older	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**A5. Considering the earnings of your firm's full-time employees in Massachusetts (including management but excluding part-time employees) how many earn:***Your best estimate is acceptable.*

a. About \$28,000 or <u>less</u> per year? (This equals about \$13.50 per hour.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	# of Full-time employees
b. About \$72,000 or <u>more</u> per year? (This equals about \$35 per hour.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	# of Full-time employees

**A6. Which of the following benefits does your firm currently offer to full-time employees in Massachusetts? Mark all that apply.**

- ☐ Dental insurance
- ☐ Vision plan
- ☐ Life insurance
- ☐ Disability insurance
- ☐ A private retirement or pension plan (including 401k)
- ☐ Paid sick leave
- ☐ Pre-tax flexible spending accounts for uncovered health expenses (Section 125 FSAs)

**A7. Does your firm offer health insurance to any employees in Massachusetts?**

- ☐ Yes → *Continue to the next page, Section B. Firms that Offer Health Insurance*
- ☐ No → *Go to Section D. Firms that Do Not Offer Health Insurance on Page 14*



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## Section B: Firms that Offer Health Insurance

You answered above (A7) that your firm offers health insurance to some or all employees in Massachusetts. Please provide more information about employee and dependent eligibility for coverage, types of coverage offered by the firm, number of employees covered by these plans, and characteristics and costs of the different coverage options.

**B1. Currently, approximately how many employees in Massachusetts are eligible for health insurance offered by your firm?** *Please include management, but exclude any dependents and retiree health plan participants in this number. Your best estimate is acceptable.*

# of Eligible employees

**B2. Under the Affordable Care Act (ACA), employees who work on average fewer than 30 hours per week are considered part-time employees. Are any of your firm's part-time employees in Massachusetts eligible for health benefits under this definition?**

☐ Yes

☐ No

☐ Don't know

☐ No part-time employees


**SKIP to B3**

**B2a. How many hours per week must a part-time employee in Massachusetts work to be eligible for health insurance coverage at your firm?**

Hours per week

**B3. For your firm's Massachusetts employees, which of the following groups are offered health insurance?**

	Yes	No
a. Opposite-sex spouses of employees	<input type="radio"/>	<input type="radio"/>
b. Same-sex spouses of employees	<input type="radio"/>	<input type="radio"/>
c. Opposite-sex domestic partners of employees	<input type="radio"/>	<input type="radio"/>
d. Same-sex domestic partners of employees	<input type="radio"/>	<input type="radio"/>
e. Dependent children of employees	<input type="radio"/>	<input type="radio"/>

**B4. Of those employees in Massachusetts eligible for health insurance, approximately how many are enrolled or covered by your health insurance plan?** *Your best estimate is acceptable.*

# of Employees enrolled



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**B5. How many of your covered employees sign up for each of the following types of coverage?***Your best estimate is acceptable.*

	# of Employees						
a. Single coverage	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> Not offered
b. Family coverage	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> Not offered

**B6. If an employee turns down health insurance coverage offered by your firm, does that employee receive money or other compensation?**

- ☐ Yes  
☐ No  
☐ Don't know

**B7. Of those employees enrolled in health insurance at your firm, what number of your Massachusetts employees are currently enrolled with each carrier?***Your best estimate is acceptable.*

	# of Enrolled employees						
a. Blue Cross Blue Shield of Massachusetts	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> Not offered
b. Harvard Pilgrim Health Care (incl. Health Plans Inc.)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> Not offered
c. Tufts Health Plan (incl. Network Health)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> Not offered
d. Fallon Health	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> Not offered
e. Health New England	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> Not offered
f. Neighborhood Health Plan	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> Not offered
g. United Healthcare	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> Not offered
h. Aetna	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> Not offered
i. Cigna	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> Not offered
j. Anthem/Unicare/Wellpoint	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> Not offered
k. Other: _____	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> Not offered
l. Other: _____	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> Not offered

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**B8. Does your firm offer a health plan with a tiered provider network anywhere in Massachusetts?**

- ☐ Yes  
☐ No  
☐ Don't know

*A tiered provider network assigns physicians into benefit tiers based on a provider's relative cost and, where available, quality. Tiered networks use cost-sharing (copayment, coinsurance, or deductible) or other incentives to encourage patients to utilize providers in less costly tiers. Tiered networks may also be referred to as "performance based tiering."*

**B9. Does your firm offer a health plan that includes a limited provider network anywhere in Massachusetts?**

- ☐ Yes  
☐ No  
☐ Don't know

*A limited provider network is a selective network of hospitals, health care professionals and labs that have contracted with a health plan to provide health care services. These networks are smaller than a typical HMO network.*

**B10. Do any of your health plans use payment contracts with provider groups that encourage the development of accountable care organizations (ACOs)?**

- ☐ Yes  
☐ No → **SKIP to B11**  
☐ Don't know → **SKIP to B11**

*An ACO is a group of health care providers who give coordinated care, chronic disease management, and seek to improve the quality of care their patients receive. The organization's payment is tied to achieving health care quality goals and outcomes that result in cost savings (e.g., Blue Cross' Alternative Quality Contract)*

**B10a. Do you provide any financial incentives to employees that switch to health plans that offer ACO-like contracts?**

- ☐ Yes  
☐ No  
☐ Don't know

**B11. Does your firm offer any health plans in Massachusetts that waive copays for medications and/or treatment adherence for chronic diseases?**

- ☐ Yes  
☐ No  
☐ Don't know

*For example, employers can purchase health plans that waive copays or reduce the costs of diabetes drugs and supplies to provide financial incentives for diabetic employees to participate in disease management programs.*



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**B12. What types of plans are offered to your firm's employees in Massachusetts (across all carriers and all worksite locations)? For those plans offered, what number of employees are enrolled in each plan type?**

*Your best estimate is acceptable. Definitions of terms are provided below.*

a. HMO      ☐ Offered      →           # of Employees enrolled  
                 ☐ Not offered

*With an HMO, a person must receive their care from an HMO physician; otherwise the expense is not covered. When they use HMO physicians, cost sharing is often very low.*

b. POS      ☐ Offered      →           # of Employees enrolled  
                 ☐ Not offered

*In a POS plan, employees are reimbursed at a lower rate for services they receive outside the network but they also have a primary care gatekeeper or physician who must approve visits to specialists and hospitals.*

c. PPO      ☐ Offered      →           # of Employees enrolled  
                 ☐ Not offered

*With a PPO, employees have lower deductibles and co-payments if they use physicians or hospitals in the preferred provider network, but out of network care is also covered. A preferred provider network is the health plan's list of doctors and hospitals that should be used for a member to have the lowest possible cost-sharing.*

d. Indemnity      ☐ Offered      →           # of Employees enrolled  
                 ☐ Not offered

*Under conventional or indemnity health insurance, there are no preferred provider networks and a person faces the same cost-sharing regardless of which physician or hospital they choose. The person typically faces a deductible and coinsurance above the deductible. Also referred to as "fee-for-service" plans.*

**B12a. Of the types of plans offered to your firm's employees in Massachusetts, which are self funded? Mark all that apply.**

- ☐ HMO
- ☐ POS
- ☐ PPO
- ☐ Indemnity
- ☐ None of these plans are self funded





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**B13. Do you offer a high deductible health plan (HDHP) with a health reimbursement arrangement (HRA) or with a health savings account (HSA)? For those plans offered, what number of employees are enrolled in each plan type?**

*Your best estimate is acceptable. Definitions of terms are provided below.*

High deductible health plans (HDHP): Those plans with an annual single deductible of at least \$1,300 and a family deductible of at least \$2,600 for in-network or preferred providers.

Health reimbursement arrangement (HRA): A HRA is funded on a pre-tax basis only by an employer, not the worker, and the funds are not portable from job to job. Employees use the funds for medical care or services.

Health savings account (HSA): Medical savings accounts available to employees enrolled in a High Deductible Health Plans. Pre-tax contributions can be made by both employees and employers and can be used to pay for qualified medical expenses. Unlike a Flexible Spending Account (FSA), unspent funds roll over year to year and job to job.

a. HDHP with HRA    ☐ Offered    ☐ Not offered    ☐ Don't know         # of Employees enrolled

b. HDHP with HSA    ☐ Offered    ☐ Not offered    ☐ Don't know         # of Employees enrolled

**Questions B15-B18 will ask about the health plan with the highest enrollment within the carrier with the highest enrollment for your firm's Massachusetts employees. Questions B14a-B14c will help you to determine which plan that is.**

**B14a. Which is the carrier with the largest number of employees enrolled?**

*Please mark only one.*

- ☐ Blue Cross Blue Shield of Massachusetts
- ☐ Harvard Pilgrim Health Care (incl. Health Plans Inc.)
- ☐ Tufts Health Plan (incl. Network Health)
- ☐ Fallon Health
- ☐ Health New England
- ☐ Neighborhood Health Plan
- ☐ United Healthcare
- ☐ Aetna
- ☐ Cigna
- ☐ Anthem/Unicare/Wellpoint
- ☐ Other, please specify: \_\_\_\_\_

**B14b. Within the carrier you selected in B14a, which type of plan has the largest number of employees enrolled?**

*Please mark only one.*

- ☐ HMO
- ☐ POS
- ☐ PPO
- ☐ Indemnity

**B14c. How many employees are enrolled in the plan you selected in B14b (within the carrier you selected in B14a)?**

*Your best estimate is acceptable.*

# of Employees enrolled



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**Please answer questions B15-B18 for the health plan with the highest enrollment within the carrier with the highest enrollment for your firm's Massachusetts employees, as reported in questions B14a-B14b.**  
**For questions B15-B18, your best estimate is acceptable.**

**B15. For the plan you selected in B14a-B14b, what is the current co-payment dollar amount and/or co-insurance percent for in-network providers for each of the following services?**

		Co-payment		Co-insurance	
a. A primary care physician <u>office visit</u>	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	-or-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	%
b. An <u>outpatient</u> mental health visit	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	-or-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	%
c. An emergency department visit	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	-or-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	%
d. An <u>inpatient</u> hospitalization	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	-or-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	%
e. A <u>generic</u> prescription drug (Tier 1)	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	-or-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	%
f. A <u>preferred</u> brand prescription drug (Tier 2)	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	-or-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	%
g. A <u>non-preferred</u> brand prescription drug (Tier 3)	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	-or-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	%
h. A <u>lifestyle or specialty</u> drug (Tier 4)	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	-or-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	%

**B16. In addition, for the plan you selected in B14a-B14b, what is the annual:**

a. <u>Deductible</u> for single coverage (in-network providers)?	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b. <u>Out-of-pocket</u> limit for single coverage (in-network providers)?	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**B17. For the plan you selected in B14a-B14b, what is the current total monthly premium amount for a full-time employee for single coverage:**

a. Total monthly premium charged to your <u>firm</u> for an employee?	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b. Monthly contribution amount paid by your <u>employee</u> ?	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**B18. For the plan you selected in B14, what is the current total monthly premium amount for a full-time employee for family coverage:**

☐ Do not offer family coverage

a. Total monthly premium charged to your <u>firm</u> for an employee?	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b. Monthly contribution amount paid by your <u>employee</u> ?	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## Section C: Employer Decision-Making about Health Benefits

Please provide more information about who at your firm makes decisions about health insurance benefits and how these decisions are made.

**C1. Which of the following best describes your role at your firm?** *Mark only one.*

- ☐ Owner, CEO, or President
- ☐ CFO
- ☐ Chief Human Resources Officer, Human Resources Director
- ☐ Executive responsible for health benefits programs
- ☐ Office Manager or Benefits Administrator
- ☐ Other, please specify: \_\_\_\_\_

**C2. Who is involved in making decisions about health benefits at your firm?** *Mark all that apply.*

- ☐ Owner, CEO, or President
- ☐ CFO
- ☐ Chief Human Resources Officer, Human Resources Director
- ☐ Executive responsible for health benefits programs
- ☐ Office Manager or Benefits Administrator
- ☐ Other, please specify: \_\_\_\_\_

**C3. How does your firm primarily purchase health insurance plans and products?** *Mark only one.*

- ☐ Works with carriers directly
- ☐ Purchases through a public exchange (e.g. Health Connector, or "Shop" or "Business Express")
- ☐ Purchases through a private exchange
- ☐ Other, please specify: \_\_\_\_\_

**C4. Does your firm use a broker or consultant to help you with your decisions regarding the purchase of health insurance plans or products?**

- ☐ Yes
- ☐ No → **SKIP to C5 on Page 10**

**C4a. What services does your broker or consultant provide?** *Mark all that apply.*

- ☐ Selecting a health plan or plans
- ☐ Enrolling employees with the health plan
- ☐ Providing customer service with the health plan, such as denied claims
- ☐ Helping to administer COBRA (if applicable)
- ☐ Determining employee contributions towards premiums
- ☐ Other, please specify: \_\_\_\_\_



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**C5. Have you considered using private exchanges that also offer choices of plans and carriers, and handles much of the administrative hassle of managing and enrolling in health benefits?**

- ☐ Yes, we are currently using a private exchange
- ☐ Yes, we are planning to use one in the next few years
- ☐ Yes, we have considered private exchanges, but do not plan to use one
- ☐ No, we have not considered/are not aware of private exchanges
- ☐ Don't know

*Private exchanges are typically set up by consulting firms such as Mercer or Aon Hewitt (as opposed to the Health Connector, which is a public exchange).*

**C6. What are the most important factors in your firm's business decision to select a health insurance carrier or plan? Please mark up to 3.**

- ☐ Name brand recognition of carrier or plan
- ☐ Employee preference
- ☐ Referral by broker
- ☐ Referral by business association
- ☐ Provider network
- ☐ Cost of plan
- ☐ Flexibility to create plan options that meet your needs
- ☐ Other, please specify: \_\_\_\_\_

**C7. What are the most important reasons that your firm offers health insurance as a benefit to its employees? Please mark up to 3.**

- ☐ Helps with employee recruitment
- ☐ Competitors offer it
- ☐ Helps with employee retention
- ☐ Reduces absenteeism by keeping employees healthy
- ☐ Increases productivity by keeping employees healthy
- ☐ Avoid state and federal penalties
- ☐ Other, please specify: \_\_\_\_\_

**C8. Which of the following best describes your firm's contribution to health insurance premiums?**

- ☐ Same percentage of premium contribution applied to all health plans
- ☐ Same dollar amount of premium contribution regardless of plan chosen
- ☐ Different percentage of premium contribution for different health plans
- ☐ Other, please specify: \_\_\_\_\_



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**C9. In the past year, has your organization shopped for a new health insurance plan or insurance carrier?**

☐ Yes

☐ No → **SKIP to C10**

→ **C9a. In the past year, did your organization change insurance carriers or decide to offer alternative plans with the existing insurance carrier?**

☐ Yes

☐ No

**C10. In the past year, which of the following strategies has your firm enacted to control the cost of health coverage? *Mark all that apply.***

☐ Increased co-pays/deductibles

☐ Cut firm contribution levels to premiums

☐ Changed health carriers or plans

☐ Offered narrow network plan

☐ Restricted eligibility (e.g., increased number of hours employees must work to be eligible)

☐ Outsourced work to contractors or temporary workers

☐ Other, please specify: \_\_\_\_\_

☐ None of the above

**C11. From your firm's prior experience, which of the below strategies are most effective in controlling the cost of health coverage? *Mark all that apply.***

☐ Increased co-pays/deductibles

☐ Cut firm contribution levels to premiums

☐ Changed health carriers or plans

☐ Offered narrow network plan

☐ Restricted eligibility (e.g., increased number of hours employees must work to be eligible)

☐ Outsourced work to contractors or temporary workers

☐ Other, please specify: \_\_\_\_\_

☐ None of the above



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**Please answer C12 and C13 if your firm has less than 100 employees in Massachusetts.**

**If your firm has more than 100 employees in Massachusetts, SKIP to Section E on Page 15.**

**C12. Has your firm used or explored using the MA Health Connector to purchase health insurance for its employees?**

*The Health Connector is a state-established marketplace (or “exchange”) designed to make shopping for health insurance more understandable and affordable while providing benefits and tax credits to some businesses and individuals. It is also known as SHOP or Business Express.*

- ☐ Yes, we have considered using the Health Connector, but haven't done so yet
- ☐ Yes, we have used the Health Connector
- ☐ No, we have not considered using the Health Connector
- ☐ I am not really sure what the Health Connector is

**SKIP to C13 on Page 13**

**C12a. If you considered but did not use the Health Connector, why not? Mark up to 3 reasons.**

- ☐ Website malfunctions/technical problems
- ☐ Administratively difficult to use
- ☐ We don't think our employees would value or trust the Health Connector plans
- ☐ The Health Connector offers poor quality plans
- ☐ Don't think we are eligible to participate
- ☐ Broker advised against using the Health Connector
- ☐ We wouldn't save money by using the Health Connector
- ☐ We want health insurance benefits to come directly from the company as a benefit
- ☐ Want to offer defined contribution amount instead of percentage of premiums
- ☐ We are happy with our current plan/carrier
- ☐ Other, please specify: \_\_\_\_\_
- ☐ Don't know

**C13. Several new tax credits and rebates are available to employers. Are you aware of the following incentives?** *Definitions of terms are provided below.*

a. Small Business Tax Credit through the Health Connector

- ☐ Yes  
☐ No

*Small Business Tax Credit through the Health Connector:* A small business health care tax credit is available to eligible small employers that pay at least half of the cost of individual credit when they buy health insurance through the Health Connector, if they: have 25 or fewer full-time employees, pay average annual wages below \$50,000, and pay at least half of the premiums for employee health insurance.

b. Wellness Track Rebate through the Health Connector

- ☐ Yes  
☐ No

*Wellness Track Rebate through the Health Connector:* Wellness Track is a free program offered to eligible employers enrolled in a small business group health plan through the Health Connector. Wellness Track's online website provides participating small employers and their employees with a suite of tools to promote a healthier work environment. Eligible employers who participate may qualify for a Wellness Track rebate of up to 15% on their group's health insurance premium contribution for coverage purchased through the Connector.

c. Wellness Tax Credit

- ☐ Yes  
☐ No

*Wellness Tax Credit:* The Massachusetts Wellness Tax Credit Incentive gives small businesses a state tax credit for having an employee wellness program. Massachusetts businesses that employ 200 or fewer workers may qualify for the tax credit for up to 25% of the cost of implementing a certified wellness program for their employees. Employers must meet eligibility requirements in addition to wellness program criteria.

***Please Go to Section E. Closing on Page 15***



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## Section D: Firms that Do Not Offer Health Insurance

You answered above (A7) that your firm does not offer health insurance to its employees in Massachusetts. Please provide more information about why your firm does not offer health benefits.

**D1. Has your firm ever offered health insurance to its employees?**

- ☐ Yes
- ☐ No
- ☐ Don't know

**D2. Did your firm pay a penalty for not offering health insurance to your employees in 2015?**

- ☐ Yes
- ☐ No
- ☐ Don't know

**D3. Below is a list of reasons why organizations might not offer employees health insurance. What are the most important reasons why your firm does not offer health insurance to its employees? Mark up to 3.**

- ☐ Cost of insurance is too high
- ☐ Employees are covered under another plan, including coverage on a spouse's plan, Health Connector, or MassHealth/Medicaid
- ☐ Most employees are part-time or temporary workers
- ☐ Employees will get a better deal on health insurance exchanges on their own
- ☐ The firm can attract good employees without offering health insurance
- ☐ Firm is not required to offer health insurance due to small size
- ☐ Other, please describe: \_\_\_\_\_
- ☐ Don't know

**D4. Are you considering offering health insurance in the next open enrollment period?**

- ☐ Yes
- ☐ No
- ☐ Don't know

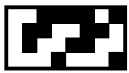
**D5. If your firm were to offer health insurance, about how much do you think your firm could afford to pay for health insurance coverage per month for an employee with single coverage? This figure would be just your firm's share of the premium.**

\$ 

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per month for an employee with single coverage





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## Section E: Closing

**Thank you for your time and cooperation!**

**Please provide your contact information so we can email you a report and reach you if we have any clarification questions about your responses.**

Company Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**You are now finished with this survey. Please return this questionnaire in the enclosed postage-paid envelope to:**

JSI Research and Training Institute, Inc.  
Attn: Survey Group  
44 Farnsworth Street  
Boston, MA 02210

**We encourage you to visit our website [www.chiamass.gov](http://www.chiamass.gov) to see the results of this survey in Fall 2016.**

